TDDD (700				NORTH CAROLINA		22.00	: 1	1
IPDR6702 RUN DATE:	: 06/11/2006		IPR	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PAGE	: 1	
				HECKWRITE DATE: 06/13/2006				
	1			FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER			NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	940	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		79	133	THIS SERVICE IS NOT PAYABLE TO	1	1253	1266	13
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		191	71	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404904	WESTERN HIGHLAN	8505	2297	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		8800	374	FURTHER PROCESSING NECESSARY,	0	2993	12402	9409
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8000	209	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404910	DATHWAYO	8505	4322	CLAIM DENIED DUE TO INSUFFICIE	+	-		
	PATHWAYS			NT BUDGET	+			
		8800	1413	FURTHER PROCESSING NECESSARY,		5953	400-	450-
				PLEASE CHECK FOR CLAIM ON	11	5953	10648	4590
				FUTURE RA'S.				
		8599	59	DETAIL NOT COVERED BY COMBINAT				
		0000		ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404012		0505	502	GIATH DENIED DUE TO THOUSENED				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	587	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	DATE HANDS							
		0021	1.41	AMENIC AND LOCATION TO DECENTE OF				
		8931	141	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	145	936	5084	4148
		8599	87	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913		21	8644	DUPLICATE OF CLAIM-SYSTEM				
3404313	MECKLENBURG COM ENTAL HEALT	ac de	0044	DOLLAR OF CHILD OF CHILD				
		8599	3920	DETAIL NOT COVERED BY COMBINAT				
		0399	3320	ION OF RECIPIENT, PROVIDER AND	2354	16557	34937	18380
				BENEFIT PACKAGE.				
		0000	1500	ADDING AND ACCOUNT TO DECENTE OF				
		8933	1588	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	+	 		
240407			10010					
3404916	CROSSROADS BEHA	21	17645	DUPLICATE OF CLAIM-SYSTEM	+	-		
	VIORAL HEAL				1			
		70	760	THE CERTICE TO MOT DAVANCE TO				
		79	760	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	7	19287	22373	3086
	1			PROVIDER TYPE AND SPECIALTY IN	1			
				1				
		25.00	0.04				1	1
		8599	331	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		8599	331	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM	8599	2312	ION OF RECIPIENT, PROVIDER AND				
3404917	CENTERPOINT HUM AN SERVICES			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917		21	2312	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM				
3404917				ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	721	6065	21096	15031
3404917		21	2312	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	721	6065	21096	15031
3404917		21	2312	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	721	6065	21096	15031
3404917		21	2312	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE	721	6065	21096	15031
3404917		21	2312	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	721	6065	21096	15031
		21	2312	ION OF RECEPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	721	6065	21096	15031
3404917	AN SERVICES ROCKINGHAM CO M	21	2312	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE	721	6065	21096	15031
	AN SERVICES	21	2312	ION OF RECEPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	721	6065	21096	15031
	AN SERVICES ROCKINGHAM CO M	21	2312	ION OF RECEPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. ASTNC INCLIGIBLE TO RECEIVE SE RVICES IN IPRS.	721	6065	21096	15031
	AN SERVICES ROCKINGHAM CO M	21	2312	ION OF RECEPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. ASTNC INCLIGIBLE TO RECEIVE SE RVICES IN IPRS.	721			

							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8599	114	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	TAL HEALTHC			BENEFIT PACKAGE.				
		0.4	440					
		21	112	DUPLICATE OF CLAIM-SYSTEM	33	411	12309	11898
		191	55	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404920	ALAMANCE CASWEL	8505	2425	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	L AREA MH D							
		8599	1178	DETAIL NOT COVERED BY COMBINAT	25	4230	11053	6823
				ION OF RECIPIENT, PROVIDER AND	23	4230	11053	6023
				BENEFIT PACKAGE.				
		21	252	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C	8505	4865	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HATHAM AREA			ma Dobuit				
		5212	1606	DETOR NUMBER PART DALLARS TWOTE				
		5312	1525	PRIOR AUTHORIZED DOLLARS EXCEE DED	14	10214	13975	3761
		21	1150	DUPLICATE OF CLAIM-SYSTEM				
			1130	SOLUTION OF CHILD OF CHILD				
					_	-		
3404922	THE DURHAM CENT	8505	4809	CLAIM DENIED DUE TO INSUFFICIE				
	ER			NT BUDGET				
		21	2532	DUPLICATE OF CLAIM-SYSTEM	57	11887	12731	844
		8329	2385	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS				
				THE LMA				
3404923	DATE COUNTY MI	11	273	CLIENT NOT ELIGIBLE ON SERVICE				
	FIVE COUNTY MH			DATE				
		10	21	DIAGNOSIS OR SERVICE INVALID F	0	334	1756	1422
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		8599	19	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	CANDUTTIC CENTE	8505	8077	CLAIM DENIED DUE TO INSUFFICIE				
	SANDHILLS CENTE R FOR MH/DD			NT BUDGET				
		8800	397	FURTHER PROCESSING NECESSARY,	28	9920	13157	3237
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	-			
		10	361	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
2404025		0505	252					
3404926	SOUTHEASTERN RE G MENTAL HL	8505	353	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	325	DETAIL NOT COVERED BY COMBINAT	35	1050	6455	5405
				ION OF RECIPIENT, PROVIDER AND	35	1050	6455	5405
			-	BENEFIT PACKAGE.	-	-		
		8800	172	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	-			-
				LULUM AS S.				
3404927	CUMBERLAND CO M	8505	359	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
			04					
		21	31	DUPLICATE OF CLAIM-SYSTEM	0	467	2950	2483
		8599	19	DETAIL NOT COVERED BY COMBINAT	-	-		
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		L		<u> </u>				

1000000000000000000000000000000000000								TOTAL	TOTAL
Column	PROVIDER					TNC	TOTAL		
164000 100000 1000000 1000000 100000000	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
0.0000000 0.0000000 0.000000 0.00000000	3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
AMERICAN 1955 122 123									
AMERICAN 1955 122 123									—
AMERICAN 1955 122 123			0	0		0	0	0	0
## 15 MOTOR ## 1000						-	-		
## 15 MOTOR ## 1000	3404930		8505	3122	CLAIM DENIED DHE TO INSHETCIE				—
1	3404330		0303	J-122					
			8800	109	FIDTHED DDOCESSING NECESSADY		0055	2070	
1			0000	103		0	3256	3212	16
101021 MINE CO SEM SEC 1010 1					FUTURE RA'S.				
101021 MINE CO SEM SEC 1010 1			11	17	CLIENT NOT ELIGIBLE ON SERVICE				l
## STATUTE OF 1400 244 1410 1									í
## STATUTE OF 1400 244 1410 1									
## STATUTE OF 1400 244 1410 1									l
## \$11,100 OF 14	3404931	WAKE CO HUM SVC	8505	4800	CLAIM DENIED DUE TO INSUFFICIE				í
PARKE COMER FOR CLARK FO					NT BUDGET				
PARKE COMER FOR CLARK FO									—
			8800	934	FURTHER PROCESSING NECESSARY,	7	6201	11562	5361
1					PLEASE CHECK FOR CLAIM ON				
CONTRACTORS CT 1999 1970					FUTUKÉ RA'S.				
R POS MENTO			21	128	DUPLICATE OF CLAIM-SYSTEM				
R POS MENTO									
R POS MENTO									
A FOR METCO	3404933	SOUTHEASTERN CT	8599	187	DETAIL NOT COVERED BY COMBINAT				
131 66 CLIENT ID MOMERS DOES NOT MATC 1 5.66 10336 9955					ION OF RECIPIENT, PROVIDER AND				
150 62 CLIENT TO BROKEN HISSING ON THE					BENEFIT PACKAGE.				
120 120			191	66	CLIENT ID NUMBER DOES NOT MATC	17	586	10536	9950
WALTO ANTE CID AND SUBSTITE A A HEW CLAIM A A HEW CLAIM BY COMMENTA A A HEW CLAIM A A HEW CLAIM BY COMMENTA A A HEW CLAIM HIT HAS					H PATIENT NAME				
WALTO ANTE CID AND SUBSTITE A A HEW CLAIM A A HEW CLAIM BY COMMENTA A A HEW CLAIM A A HEW CLAIM BY COMMENTA A A HEW CLAIM HIT HAS									
AA A SEC CLAIM AND A SECURITY OF ELGISLE ON SERVICE			120	62	CLIENT ID NUMBER MISSING OR IN				
ACCOUNTS 1									
NEGROY WEAL					AS A NEW CLAIM				
SATE	3404934	ONSLOW CARTERET	11	215	CLIENT NOT ELIGIBLE ON SERVICE				
					DATE				
100 OF RECIPIENT, MOVIER AND			8599	169	DETAIL NOT COVERED BY COMBINAT	5	564	1165	601
NOT INCLUSES IN YOUR \$37. PLANE RESUMENT YOUR CLAIM WIT					BENEFIT PACKAGE.				—
PLEASE RESUMENT YOUR CLAIM NOT			8535	97	SERVICE FACILITY LOCATION WAS				
MANYE CO MEMTAL MANYE CO MEMTAL MEALTH CTR									
MEALTH CTX 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					PLEASE RESUBMIT YOUR CLAIM WIT				-
HAALTH CTR	3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				ĺ
1404936 WILDON-GREENE M									
1404936 WILDON-GREENE M									-
1404936 WILDON-GREENE M			0	0		0	0	0	0
ENTAL HEALT 8800 41 FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON 143 31 CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE 1404937 EDGECOMBE NASH 8599 24 DETAIL NOT COVERED BY COMBINAT ION OF RECEPTIONT, PROVIDER AND SPECIALTY NACOGRAMUE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 21 11 00FICATE OF CLAIM-SYSTEM 100938 VOFW DEA RIVERS 0 0 1-10 100 100 100 100 100 100 100 10						_			
ENTAL HEALT 8800 41 FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON 143 31 CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE 1404937 EDGECOMBE NASH 8599 24 DETAIL NOT COVERED BY COMBINAT ION OF RECEPTIONT, PROVIDER AND SPECIALTY NACOGRAMUE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 21 11 00FICATE OF CLAIM-SYSTEM 100938 VOFW DEA RIVERS 0 0 1-10 100 100 100 100 100 100 100 10	3404936	WILSON-CREENE M	8505	118	CLAIM DENIED DUE TO INSUFFICIR				
\$800 \$1 FURTHER PROCESSING NECESSARY, 4 201 3656 3451				-					
PLEASE CHECK FOR CLAIM ON									
PLEASE CHECK FOR CLAIM ON			8800	41	FURTHER PROCESSING NECESSARY.		004	2000	2455
143 31 CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE BA04937 EDGECOMBE NASH 8599 24 DETAIL NOT COVERED BY COMBINAT NOTL MITH C ION OF RECIPIENT, PROVIDER AND EMBETI PACKAGE. S537 11 FROCEDURE IS NOT PAYABLE FOR Y OF ROVIDER TYPE AND OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 21 11 DUPLICATE OF CLAIM-SYSTEM TONE COUNSE TONE COUNSE ON THE PROVIDER TYPE AND STORY DEAR RIVERS O O THE PROVIDER TYPE AND ON THE PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN TONE COUNSE			-			4	201	3656	3455
A04937 EDGECOMBE NASH 0599 24 DETAIL NOT COVERED BY COMBINAT MOTIL BLITE C BENEFIT PACKAGE. BENEFIT PACKAGE. 0 65 1946 188: OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 21 11 DUPLICATE OF CLAIM-SYSTEM 10 00F PROVIDER TYPE AND 11 OUPLICATE OF CLAIM-SYSTEM 12 11 TO DUPLICATE OF CLAIM-SYSTEM 1404938 VGFW DBA RIVERS 0 0 0 *** NO DATA TO REPORT *** TONE COUNSE					FUTURE RA'S.				
A04937 EDGECOMBE NASH 0599 24 DETAIL NOT COVERED BY COMBINAT MOTIL BLITE C BENEFIT PACKAGE. BENEFIT PACKAGE. 0 65 1946 188: OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 21 11 DUPLICATE OF CLAIM-SYSTEM 10 00F PROVIDER TYPE AND 11 OUPLICATE OF CLAIM-SYSTEM 12 11 TO DUPLICATE OF CLAIM-SYSTEM 1404938 VGFW DBA RIVERS 0 0 0 *** NO DATA TO REPORT *** TONE COUNSE			143	31	CLIENT ID NUMBER NOT ON STATE				
MATTL RITH C ION OF RECIPIENT, PROVIDER AND									
MATTL RITH C ION OF RECIPIENT, PROVIDER AND									
MATTL RITH C ION OF RECIPIENT, PROVIDER AND									
NOTE LITTLE C	3404937	EDGECOMBE NASH	8599	24					
11 PROCEDURE IS NOT PAYABLE FOR Y 0 65 1946 1883									
OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 21 11 DUPLICATE OF CLAIM-SYSTEM 21 12 DUPLICATE OF CLAIM-SYSTEM 404938 VGFW DBA RIVERS 0 0 *** NO DATA TO REPORT *** TONE COUNSE					DENEFIT PACKAGE.				
OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN 21 11 DUPLICATE OF CLAIM-SYSTEM 1404938 VGFW DBA RIVERS 0 0 0 *** NO DATA TO REPORT *** TONE COUNSE			8537	11		0	65	1946	1881
21 11 DUPLICATE OF CLAIM-SYSTEM						_			
1404938 VGFW DBA RIVERS 0 0 0 *** NO DATA TO REPORT *** TONE COUNSE					SPECIALTY IN ACCORDANCE TO MEN				
TONE COUNSE			21	11	DUPLICATE OF CLAIM-SYSTEM				
TONE COUNSE									
TONE COUNSE									
TONE COUNSE	3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
									—
		1	0	0		0	0	0	0

				T	ı		TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE	8505	123	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
		21	52	DUPLICATE OF CLAIM-SYSTEM	0	275	841	566
		8000	52	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
			4.00					
3404941	PITT CO MH/DD/S AS CENTER	21	130	DUPLICATE OF CLAIM-SYSTEM				
	TO CHITEK							
		8599	103	DETAIL NOT COVERED BY COMBINAT				
		0333	103	ION OF RECIPIENT, PROVIDER AND	0	312	773	461
				BENEFIT PACKAGE.				
		11	36	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404942	ROANOKE CHOWANH	21	20	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC							
		-						
		5404	2	SEVERE DUPLICATE: SAME ATTD PR	0	24	868	844
				OV/PCODE/TOS/DOS/MOD				
		1						
		24	1	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		 		COSE, TIPE OF SERVICE COMBINATI				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	404	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	L REALIR CE			BENEFIT PACKAGE.				
			4.07					
		21	197	DUPLICATE OF CLAIM-SYSTEM	61	713	1682	847
		8931	42	AMTNC INELIGIBLE TO RECEIVE SE				
		0931	42	RVICES IN IPRS.				
3404944	DA GERROTANES HINAS	21	1903	DUPLICATE OF CLAIM-SYSTEM				
3404344	EASTPOINTE HUMA N SERVICES	A-4	1505	DOLLOWING OF CHILIN OFFICE				
		8534	928	SERVICE FACILITY LOCATION IS N	4	3762	4934	1172
				OT A VALID IPRS ATTENDING		3702	4334	1172
				PROVIDER. PLEASE VERIFY THE F				
		79	377	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	8505	4029	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	1	1						
		79	2329	THIS SERVICE IS NOT PAYABLE TO	122	8438	11205	2767
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		1						
		8599	500	DETAIL NOT COVERED BY COMBINAT				
		 		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL	8505	408	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	HEALTH CTR	1						
		24	4.1	NUMBER OF GALLEY				
	-	21	41	DUPLICATE OF CLAIM-SYSTEM	9	509	1771	1262
		9500	26	DETAIL NOT COVERED BY COMBINAT			-	
		8599	J. J.	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	21	639	DUPLICATE OF CLAIM-SYSTEM				
24049/9	H/DD/SA PRO							
		8599	204	DETAIL NOT COVERED BY COMBINAT	190	1495	14976	13481
		8599	204	ION OF RECIPIENT, PROVIDER AND	190	1495	14976	13481
		8599	204		190	1495	14976	13481
		8599	182	ION OF RECIPIENT, PROVIDER AND	190	1495	14976	13481